

US President's Plan for Emergency AIDS Relief (PEPFAR) Update, 2006

Abraham G. Miranda, MD MS

Epidemiology and Strategic Information
Global AIDS Program (GAP)
US Centers for Disease Control and Prevention

The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of The Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry

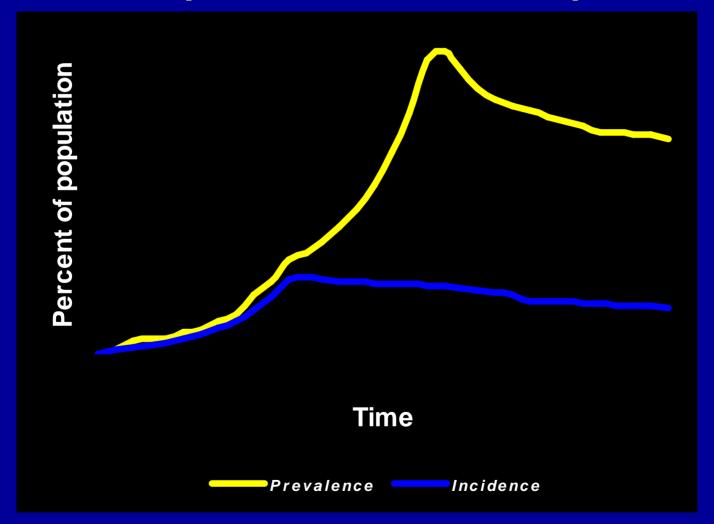
The President's Emergency Plan

Outline of this discussion

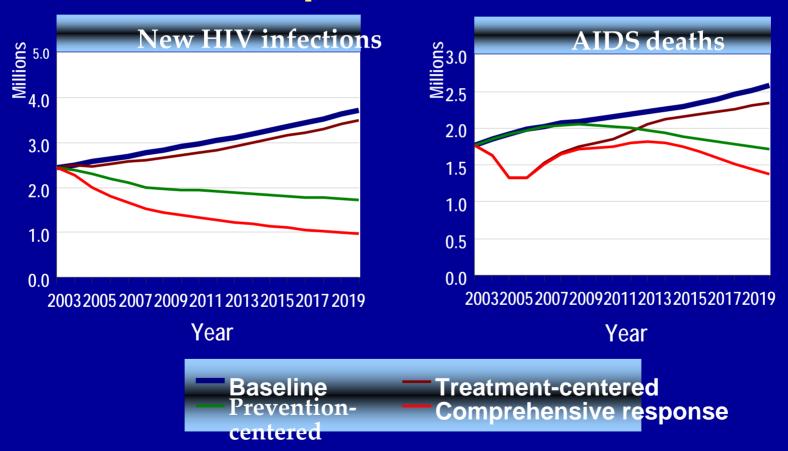
- HIV Prevention vs. treatment vs. comprehensive plan
- PEPFAR philosophy, structure, approach, and achievements
- Focus country budget requirements and recommendations
- Technical areas of focus and program sustainability
- Reporting



Generic Epidemic Curve* (No Interventions)



Projected New Adult Infections and total Adult Deaths in sub-Saharan Africa, in Millions, by the Year 2020: Impact of three Scenarios Compared to Baseline



Source: Salomon JA. et al, Integrating HIV Prevention and Treatment: From Slogans to Impact. PLoS Medicine. January 2005, Vol 2, Issue 1. AIDS epidemic update, December 2005. Fig 2



Global Estimates for Adults and Children End 2005

People living with HIV

40.3 million [36.7 – 45.3 million]

New HIV infections in 2005

4.9 million [4.3 – 6.6 million]

Deaths due to AIDS in 2005

3.1 million [2.8 – 3.6 million]

The President's Emergency Plan End-of-plan Targets

Emergency Plan Legislative Targets (2-7-10)

- Support treatment for 2 million people living with HIV/AIDS by 2008
- Prevent 7 million new HIV infections by 2010
- Support care for 10 million people infected and affected by HIV/AIDS, including orphans and vulnerable children, by 2008



Office of the US Global AIDS Coordinator (OGAC)

- Administer PEPFAR funds and approve all USG HIV/AIDS activities
 - Lead US international Agency on HIV/AIDS
 - US Department of State
- US Government (USG) policy and program coordination
- Resource harmonization with countries and international organizations
- Policy, program and funding coordination among USG agencies
- Accountability and monitoring of progress toward PEPFAR goals



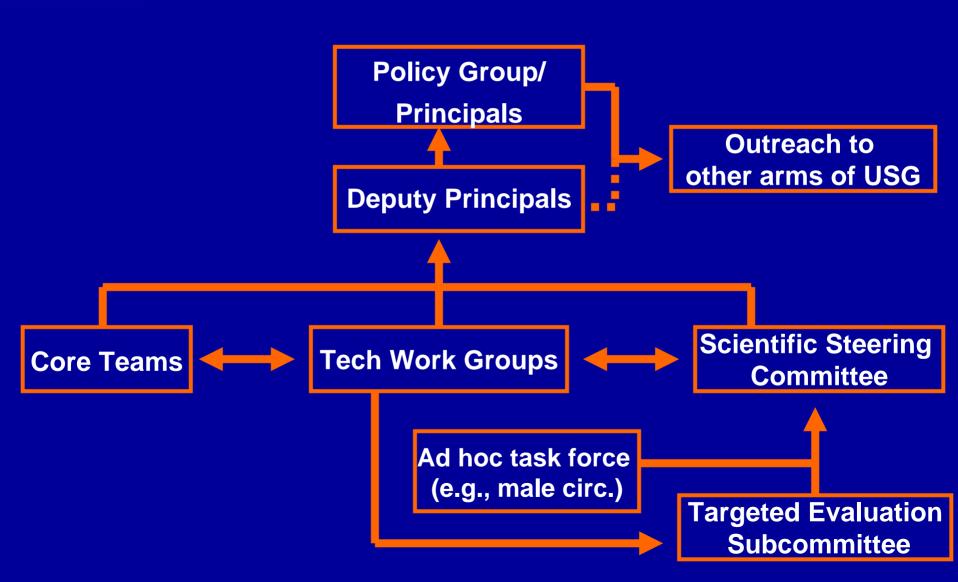
O.G.A.C.

Divisions:

- Program Services
- Strategic Information (SI)
- Congressional Affairs
- Diplomatic and Multilateral Liaison
- Public Private Partnerships
- Public Affairs



HQ Interagency Leadership Structures





Interagency Technical Working Groups (TWG)

- Care and Treatment
 - PMTCT/Pediatric AIDS
 - TB/HIV
 - Palliative care
 - Adult treatment
- Community/Faith Based Org
- Food & Nutrition
- Prevention
 - General pop (and youth)
 - Populations at high risk
 - IDU & EtOH
 - Medical transmission
 - Counseling and Testing

- Strategic Information
 - Indicator & Reporting
 - Monitoring & Evaluation
 - Surveillance & Survey
 - Medical Info Systems
 - Targeted evaluation
- Orphans & Vulnerable Child
- Human Capacity Development
- Management and Staffing
- Gender
- Public Private Partnerships



Overall Coordination

IN-COUNTRY PARTNERS:

Donors
Implementing partners
Other stakeholders

HEADQUARTERS:

Global AIDS Coordinator
Principals
Deputy Principals
Core teams
Technical Working Groups
Agency Support

Host Government



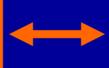
U.S. Ambassador Embassy staff USAID Peace Corps

HHS

DoD

DoL

DoC





\$15 Billion Over 5 Years How It Breaks Down

- \$10 billion: the 15 focus countries;
- \$4 billion: other PEPFAR countries and for additional activities including HIV research
- \$1 billion: the Global Fund to Fight AIDS, Tuberculosis, and Malaria (over 5 years)*

*The United States is on track to meet this commitment and has already exceeded its contribution to the Global Fund.

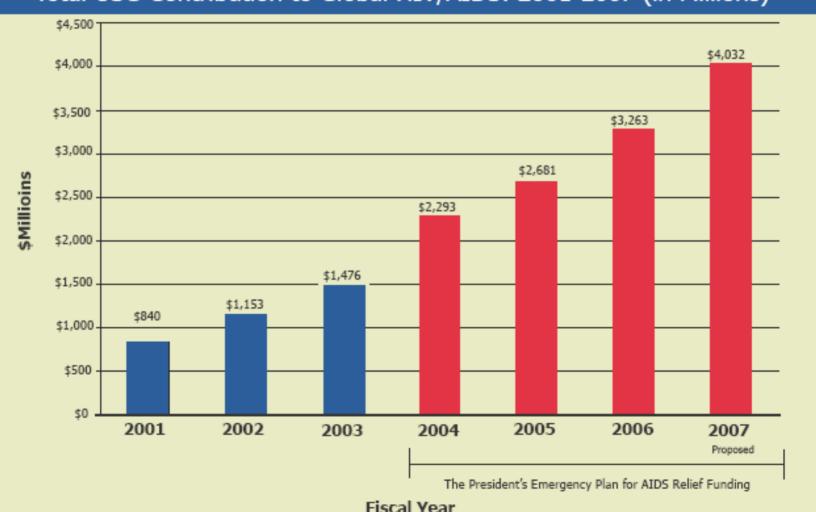


Linkage of Bilateral and Multilateral Aid

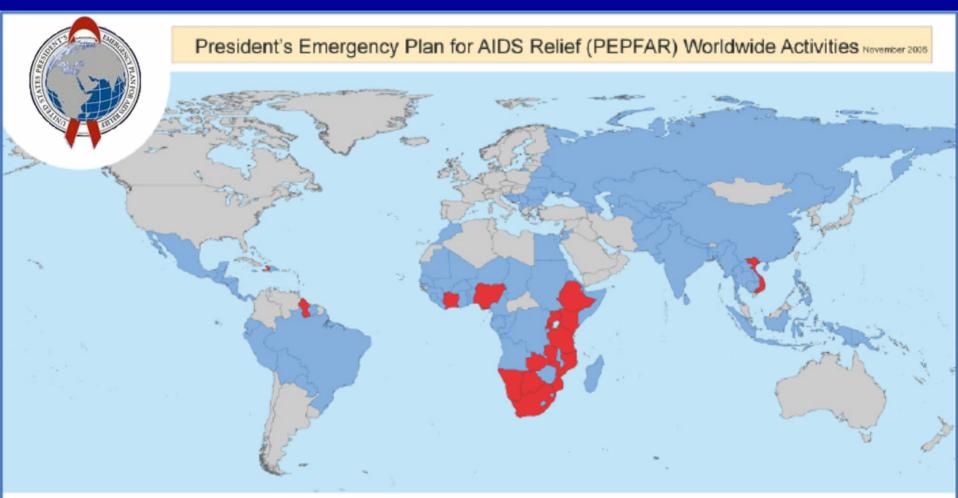
- The U.S. is largest contributor to Global Fund (GF)
- 5% of FY06 contribution (about \$12 million) used for technical Fund grantees outside of focus countries
- U.S. field staff participation in GF CCM iincreasing
- USG Headquarters engaging in collaborative projects with GF (and World Bank)
- US chairs GF Policy and Strategy Committee
- Field provides valuable feedback on Fund grants

Recent And Proposed USG Spending on Global HIV Infection





PEPFAR Worldwide Activities



U. S. Government International HIV/AIDS Activities

Focus Countries

Other U.S. Bilateral Efforts

No Activities Present

This map includes all HIV/AIDS activities funded through the following USG agencies: Department of Defense, Department of Commerce, Department of Health and Human Services, Department of Labor, Department of State, Peace Corps, U.S. Agency for International Development. This does not include activities funded through the U.S. Department of Acriculture





Select Emergency Plan Achievements

- As of March 31, 2006: supported treatment for <u>561,000</u> people living with HIV (PLH) in the 15 focus countries
- Through March 31, 2006: supported PMTCT services in over 4.5 million pregnancies
- Through September 30, 2005: supported community activities to prevent sexual transmission in over <u>42</u> million PLH.
- Through September 30, 2005: supported care for
 - over 1.2 million orphans and vulnerable children
 - over 1.7 million PLH, of whom 368,000 treated for TB

In fiscal year 2005, > 80% of PEPFAR partners (>1,200) were indigenous organizations.



Program Areas/Budget Coding Categories for Country Operational Plan (COP)

Prevention

- 1. PMTCT
- 2. Abstinence/Be Faithful
- 3. Blood Safety
- 4. Injection Safety
- 5. Condoms and other prevention activities

Care

- 6. Palliative Care
- 7. TB/HIV Support
- 8. Orphans & Vulnerable Children
- 9. Counseling and Testing

Treatment

- 10. HIV treatment/ARV drugs
- 11. HIV treatment/ARV services
- 12. Laboratory infrastructure

Other

- 13. Strategic Information
- 14. Other policy analysis and system strengthening
- 15. Management & Staffing



Focus Countries: Budget Requirements and Recommendations (No Changes)

Four budget requirements:

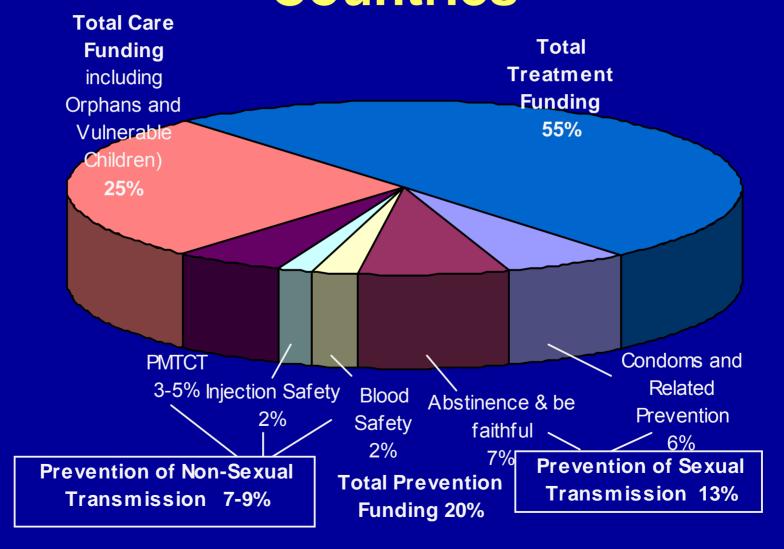
- AB: 50% of prevention on sexual prevention,
 - 66% of sexual prevention on 'AB'
- OVC: 10% of program dollars, can include pediatric HIV/AIDS treatment
- Treatment: 55% on treatment
- Limit of 8% to any single partner

Budget recommendations:

- Strategic information: 7%
- Management and staffing: 7%

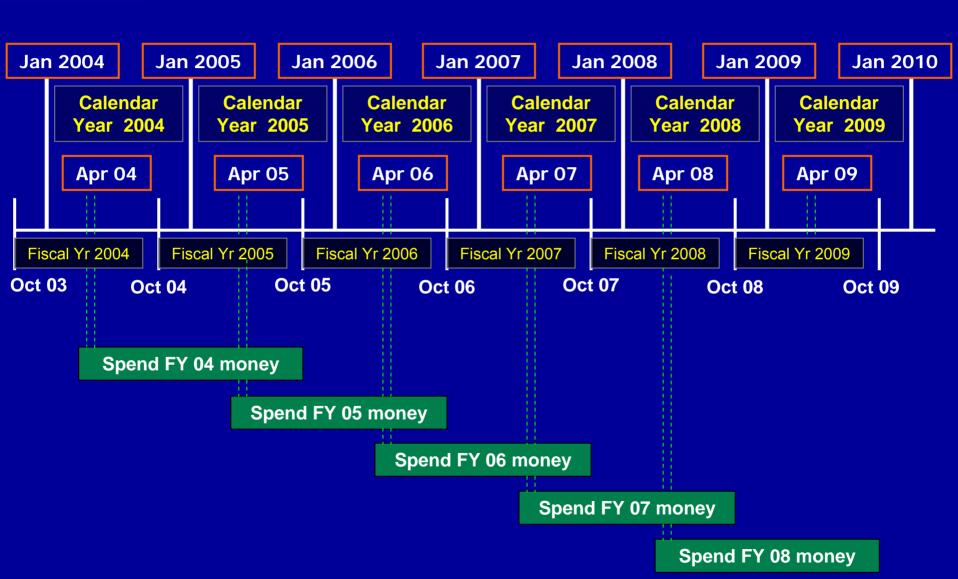


2006 Spending for Prevention, Treatment and Care in Focus Countries





PEPFAR Timeline





Key Themes

FY 07 – Year 4 of implementation

- Scale
- Quality
- Sustainability
 - Programmatic: local capacity is the key
 - Management: interagency approach that fosters efficient collaboration and eliminates redundancy
 - Recognition that financial flows (including from USG) will be needed for the foreseeable future



Cross-Cutting Programmatic Issues

- Sustainability
- Quality
- Management and staffing (relationship to agency roles and responsibilities)
- Public private partnerships
- Building capacity of new partners
 - Funding limits to single partner
 - Twinning
 - New partner initiatives (presently only for focus countries)
- Procurement (SCMS, FDA drug approvals)



Sustaining U.S. Global Leadership on HIV/AIDS

Proposals to continue HIV/AIDS programs beyond PEFPAR*

- US Senators Frist and Feingold (co-chairs of the Center for Strategic and International Studies' Task Force on HIV/AIDS) discussed
 - Proposal for a second 5-year phase of PEPFAR
 - Would begin in FY 2009
 - Particular attention to HIV prevention



Sustaining U.S. Global Leadership on HIV/AIDS

Sen. Frist outlined three "opportunities":

- 5-10-year program to
 - Ensure low-cost access to clean water
 - Develop a "global health corps" of volunteer health care professionals
 - Reach common ground on contentious issues between HIV/AIDS advocates and evangelicals

Sen. Feingold stressed:

- Need to improve HIV prevention programs
- Programs that do not confront the issues of "sex and drugs" will not succeed
- U.S. should set contribution targets for HIV programs (cost will be higher in the future)



- Counseling and testing
 - provider-initiated, opt-out, mobile, home-based
- TB/HIV
- Pediatric HIV/AIDS care and treatment
- Defining care for orphans and vulnerable children
 - new guidance
- Food and nutrition
 - new guidance, developing wrap-around support

- Alcohol and HIV prevention
- Defining PEPFAR approach to quality improvement
- Collaboration with Presidential Malaria Initiative
- Continued collaboration with Global Fund and adherence to 'Three Ones'



- Counseling and testing
 - provider-initiated, opt-out, mobile, home-based

...only about 10% of those living with HIV know their seropositive status.

UNAIDS 2004

Report on the global AIDS epidemic



TB/HIV integration

| | No. of HIV pts identified in TB settings with routine C &T | No. of HIV pts who would receive ART if the proportion eligible identified in TB setting is | |
|--------------|--|---|---------|
| Country | | 50% | 80% |
| South Africa | 128,208 | 64,104 | 102,566 |
| PEPFAR x 15 | 310,820 | 155,410 | 248,782 |



Guidelines and Strategies of PEPFAR

- Five Year Strategy
- Abstinence, Be Faithful, Condoms ('ABC')
- Palliative Care: Adult/Child Preventive Care Package
- Food and Nutrition
- Treatment/Prevention of Intravenous Drug Use
- Orphans and Vulnerable Children (OVC)
- Indicators and Reporting



COP Planning and Reporting

- Development of program interventions
 - Through discussion and negotiation within USG team and with partners
- Input into COP database
 - With support from core team and TWG
- Submission and review by SI
- TWG review
- Program review,
 - followed by discussion with country team
- Policy group reviews
- Approval or revision with country team
- Twice-yearly results reporting



Strategic Information in PEPFAR Program Reporting

In 2007 Focus Countries must report on:

- Partners & obligations
- Results of 40 indicators--focused on services, people, and trainings
- Budgetary & administrative requirements
- Portfolio management



Strategic Information Framework

The Emergency Plan Investment in Strategic Information for M&E of National HIV/AIDS Program:

> **National Facility** Survey

National Facility Survey

Pop.-based Survey

Pop.-based Survey

Pop.-based Survey

ANC Sero-survey Sero-survey Sero-survey Sero-survey Sero-survey

ANC

ANC

ANC

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Periodic outcome evaluation studies, and targeted evaluation

-Routine facility-level data: MIS; program data

Planning Data

National Databases, Synthesis, Analysis, Reporting

2003

2004

2005

2006

2007

2008



Partners' Report Flow Diagram?

Partners



In-Country PEPFAR Team and/or Project Managers coordinated with countries



Office of the U.S. Global AIDS Coordinator or USG Agencies



US Congress



- Accurate Counts
- Upstream (Indirect) Vs. Downstream (Direct)
- Double Counting when the same individual receives multiple services or trainings
- Longitudinal Client Records especially for the delivery of ongoing and intensive prevention and care services
- HMIS Systems



Why We Report

"The key to our success is clearly the work of the talented and dedicated people in country, including the people of the host government and nongovernmental sectors. The Emergency Plan is a vehicle for the American people to support their effort and the true credit for the success that has been achieved rests with those working on the ground."

- Ambassador Randall Tobias US Office of the Global AIDS Coordinator